

Storey County Education Association - TIP

Name (print)

Office (if applicable)

District (if applicable)

PO Box 918 Virginia City NV 89440

(775) 847-0980

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

2 PAC 178

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002

Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002

Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002

BAGs only: Period: Dec. 7, 2000 — Aug 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCEThis figure should reflect the balance shown on your last Disposition of
Unspent Contributions Report, or last Contributions & Expenses Report, if any

\$1,587.00

CONTRIBUTIONS SUMMARY"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100

0

2. Total amount of monetary contributions of \$100 or less

\$75.57

Actual number of monetary contributions of \$100 or less

1

3. Interest and income earned on contributions, if any

0

4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)

75.57

5. Total amount of In Kind Contributions

0

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of \$100

\$500.00

7. Total amount of monetary expenses of \$100 or less

0

8. Expense for filing fee

0

9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)

500.00

Remaining Balance (Subtract line 9 from 4)

-424.43

10. Total amount of In Kind Expenses

0

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Wendy

Signature

10/24/02

Date Executed On